

Students

Student Health Services

Statement

The purpose of this policy is to familiarize parents and legal guardians of school-age children with the District's health requirements. The Avon Board of Education (herein referred to as the Board) maintains as a basic principle that the primary responsibility for health services for students remains with the parents or legal guardians, the physician and other health professionals.

Guidelines

I. Health Assessments

A. Prior to Enrollment

1. Pre-School and Kindergarten

All entering pre-school and kindergarten students must show proof of a health assessment completed within twelve months before entering school. All students must be immunized as required by Connecticut General Statutes.

2. New Entrants

- a. Students transferring in must show evidence of a current health assessment consistent with Avon requirements and immunizations as required by Connecticut General Statutes, prior to starting school.

B. The health assessment must be documented on a State of Connecticut health assessment form by a legally qualified practitioner of medicine, an advanced practice registered nurse or registered nurse, or a physician assistant. Exceptions to the immunization requirements can be granted under the following conditions:

- 1. The parent or legal guardian presents a physician's certificate that initial immunizations have been given and additional required immunizations are scheduled.
- 2. The parent or legal guardian presents a physician's written statement that the immunization would be medically contra-indicated because of the physical condition of the child.

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I. Health Assessments (continued)

3. The parent or legal guardian presents a statement that such immunization would be contrary to the religious beliefs of such child or the parents or guardian of such child, which statement shall be given under oath; or
4. in the case of measles, mumps or rubella, the parent or legal guardian presents a certificate from a physician, physician assistant or advanced practice registered nurse or from the Director of Health in such child's present or previous town of residence, stating that the child has had a confirmed case of such disease; or
5. in the case of hemophilus influenzae type B, the child has passed his/her fifth birthday; or
6. in the case of pertussis, the child has passed his/her sixth birthday.

Before being permitted to enter the seventh grade, the parents or guardian of any child who is exempt on religious grounds from the immunization requirements, pursuant to subsection (3) above, shall present to the Board a statement that such immunization requirements are contrary to the religious beliefs of such child or the parents or guardian of such child, which statement shall be given under oath in the same manner as required by subsection (3) above.

In accordance with state law, the Board shall not be liable for civil damages resulting from an adverse reaction to a nondefective vaccine required to be administered by state law.

C. Grades Six and Ten

Each student enrolled in grades six and ten must show evidence of a health assessment before entering that grade. A health assessment performed between March 1 (of fourth or eighth grade) and May 31 (of fifth or ninth grade) will be accepted. The health assessment must be done by a legally qualified practitioner of medicine, an advanced practice registered nurse or registered nurse, or a physician assistant and should include necessary immunizations as per Connecticut General Statutes. This assessment is a condition of enrollment and students who fail to provide this assessment will not be permitted to attend school.

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I. Health Assessments (continued)

D. Free Health Assessment Eligibility

1. The Board shall provide such assessments free of charge to students whose parents or guardians meet the eligibility requirements for free and reduced price meals under the National School Lunch Program or for free milk under the special milk program.
2. The Board, through its Homeless Liaison, shall assist students who are homeless in obtaining proper immunization, in accordance with the McKinney-Vento Homeless Education Assistance Act.
3. The Board may use existing community resources and services to provide health assessments.

E. Interscholastic Sports Health Assessments

1. Students in grades seven through twelve who participate in interscholastic sports must have a sports health assessment completed every thirteen months by a legally qualified practitioner of medicine, an advanced practice registered nurse or registered nurse, or a physician assistant.
2. The sports health assessment must be documented on an Avon Public Schools "Pre-participation Sports Evaluation Form," or the 2010 revised Health Assessment Record. The sports assessment form must be submitted to the school nurse prior to any participation or "try-out" session. The forms are available on the district web site under "High School Activities" and /or Health Services.
3. A sports health assessment may be provided to students without charge if the parents or guardians meet the eligibility requirements for the free and reduced lunch.
4. Students who are injured or become seriously ill while participating in an interscholastic sport to the degree of requiring medical attention will not be allowed to participate in that interscholastic sport or other sports that year without written permission from a legally qualified practitioner of medicine, an advanced practice registered nurse or registered nurse, or a physician assistant.

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II. Vision, Audiometric and Postural Screenings

A. Vision

The Board will provide annually to each student enrolled in kindergarten and grades one and three to five, inclusive, a vision screening using a Snellen chart or equivalent screening device, such as an automated vision screening device.

B. Audiometric

Each student in kindergarten, grades one and three through five inclusive will receive an audiometric screening for hearing.

C. Posture

Each female student in grades five and seven, and each male student in grade eight will receive an annual postural screening.

D. Report to Parents

The school nurse will notify the parent or guardian in writing if a screening reveals a defect of vision, disease of the eyes, impairment or defect of hearing, or evidence of a postural problem. The notice will contain a brief statement describing the defect or problem. The school nurse will also notify the parent or guardian if the student did not receive a screening, with a brief statement explaining why such student did not receive the screening.

E. All of the screenings required under this policy will be performed, and the results documented, reviewed and relayed, in accordance with statutes applicable to such screenings and regulations applicable to such screenings and as adopted by the State Board of Education.

III. Oral Health Assessments

- A. Prior to enrollment in the District, in grades six and ten, the Board shall request that each student undergo an oral health assessment. Such oral health assessments must be conducted by one of the following qualified providers for oral health assessments: (1) a dentist licensed under state law; (2) a dental hygienist licensed under state law; (3) a legally qualified practitioner of medicine trained in conducting oral health assessments as a part of a training program approved by the Commissioner of Public

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III. Oral Health Assessments (continued)

Health; (4) a physician assistant licensed under state law and trained in conducting oral health assessments as part of a training program approved by the Commissioner of Public Health; or (5) an advanced practice registered nurse licensed under state statute and trained in conducting oral health assessments as part of a training program approved by the Commissioner of Public Health.

- B. The oral health assessment identified in subsection A above shall include a dental examination by a dentist, or a visual screening and risk assessment for oral health conditions by a dental hygienist, legally qualified practitioner of medicine, physician assistant, or advanced practice registered nurse. The assessment form shall include a check box for the qualified provider conducting the assessment to indicate any low, moderate or high risk factors associated with any dental or orthodontic appliance, saliva, gingival condition, visible plaque, tooth demineralization, carious lesions, restorations, pain, swelling or trauma.
- C. No oral health assessment shall be made of any public school student unless the parent or guardian of the student consents to such assessment and such assessment is made in the presence of the parent or guardian or in the presence of another school employee. The parent or guardian shall be provided with prior written notice of an oral health assessment and be provided with a reasonable opportunity to opt his/her child out of such assessment or may provide for such oral health assessment him or herself.
- D. If the Board hosts a free oral health assessment event where qualified providers (identified in subsection A above) perform oral health assessments of children attending a public school, the Board shall notify the parents and guardians of such children of the event in advance and provide an opportunity for parents and guardians to opt their child(ren) out of such event. The Board shall infer parent/guardian consent for each child whose parent or guardian did not opt him or her out of the free oral health assessment event and shall provide such child with a free oral health assessment; however, such child shall not receive dental treatment of any kind unless the child's parent or guardian provides informed consent for such treatment.
- E. Any student who fails to obtain an oral health assessment requested by the Board shall not be denied enrollment or continued attendance in the District.

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IV. Enforcement of Health Policy

The Superintendent of Schools or his/her designee may prescribe procedures for the efficient administration and enforcement of this policy, and from time to time, alter procedures as changing conditions require.

Legal Reference:

Connecticut General Statutes

10-204a Required immunization.

10-204c Immunity from liability.

10-206 Health assessments.

10-206a Free health assessments.

10-208 Exemption from examination or treatment.

10-209 Records not to be public.

10-210 Notice of disease to be given parent or guardian.

10-214 Vision, audiometric and postural screening: When required; notification of parents re defects; record of results.

10-214b Compliance report by local or regional board of education.

Public Act 18-168, "An Act Concerning the Department of Public Health's Recommendations Regarding Various Revisions to the Public Health Statutes," Sections 8, 80 and 81.

Policy adopted: December 18, 2018

AVON PUBLIC SCHOOLS
Avon, Connecticut

**State of Connecticut
Department of Public Health
Religious Exemption Statement**

(Printed full, legal name of student)

I, the undersigned, do hereby swear or affirm, as the case may be as follows:

1. I am making this Religious Exemption Statement pursuant to Connecticut General Statutes §10-204a so that the student may enroll in school for the first time or enter seventh grade at _____ school.
2. I am the lawful parent guardian of the student.
3. Immunizing said student would be contrary to student's parent's guardian's religious beliefs.
4. I understand that by claiming this exemption the student shall be exempt from the immunizations required by Connecticut General Statutes §10-204a and 19a-7f.
5. I understand that during a vaccine-preventable disease outbreak at the above-identified school, all susceptible children, including the student will be excluded from school if a public health official determines that the school is a significant site for disease exposure, transmission and spread into the community. In such case, such children, including the student shall be excluded from school until: (1) the public health official determines that the outbreak danger has ended; (2) the child becomes ill with the disease and completely recovers from it; (3) the child is vaccinated according to public health protocol; or (4) the child has proof of immunity to the disease.

Name(s) of Parents(s)

Signature of Parent(s)/Guardian(s)

Date

Name(s) of Parents(s)

Signature of Parent(s)/Guardian(s)

Date

Address (Street & House or Apt. #)

Telephone/Cell Phone Numbers

City, State and Zip Code

TO CLAIM A RELIGIOUS EXEMPTION, AN EXEMPTION FORM MUST BE SUBMITTED TO THE PUBLIC OR NON-PUBLIC SCHOOL BEFORE ENROLLING IN THE SCHOOL FOR THE FIRST TIME AND BEFORE ENTERING SEVENTH (7TH) GRADE.

OATH

STATE OF CONNECTICUT :
: ss:
COUNTY OF _____ :

On this the ____ day of _____, _____, before me, _____ the undersigned officer, personally appeared _____ known to me (or satisfactorily proven) to be the person whose name he or she subscribed to the within instrument and acknowledged that he or she executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand.

Judge
Family Support Magistrate
Clerk/Deputy Clerk (include seal)
Town Clerk
Notary Public My Commission expires
(_____)
Justice of the Peace
Commissioner of the Superior Court (bar
no. _____)
School Nurse (license
no. _____)